

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0003150

Applicant Information

Applicant FRN 0018518753

Applicant Address 2033 St Matthews Rd

Applicant Name NTInet, inc

Applicant City Orangeburg

Applicant Email chair@ntinet.com

Applicant State SC

Applicant Phone 8035331660

Applicant ZIP Code 29118

Contact Information

☐ Is the contact the same as the contact listed on the Application Request for Funding Allocation? If not, please list below.

Contact Name Christopher Hair

Contact Address 2033 Saint Matthews Road NE

Contact Email chair@ntinet.com

Contact City Orangeburg

Contact Phone 8035331660

Contact State SC

Contact ZIP Code 29118

*Indicate which deadline you are meeting with this filing.

2025-04-03

Explanation of Effort and Availability of Commercial Equipment

*Provide an explanation of efforts undertaken, and challenges encountered, in permanently removing, replacing, and disposing of covered communications equipment or service.

We are continuing to change out customer CPE. However we got notice last week that our equipment vendor DZSI filed for chapter 7 bankruptcy. We are not able to procure anymore CPE as all DZSI assets have been frozen until further notice. We are about 150 CPE short to complete project.

*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

CPE has been difficult to obtain, supplies have had low inventory with long lead times. Then last week we got notice that our equipment vendor DZSI filed for chapter 7 bankruptcy. We are not able to procure anymore CPE as all assets have been frozen until further notice. We are about 150 CPE short to complete replacing all equipment. We have been placed on a waiting list to secure additional ONU when suppliers are able to get equipment. No timeline has been communicated to us.

* If there is additional information relevant to the preceding questions or that you believe the Commission should be aware of, please include the information below.

DZSI press release: <https://dzsi.com/news/news-releases/dzs-files-for-chapter-7-protection/>

Program Compliance

*Indicate whether recipient has fully complied with (or is in the process of complying with) all requirements of the Reimbursement Program.

☐ Yes ☒ No

*Indicate whether recipient has permanently removed from its communications network all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

☐ Yes ☒ No

If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed?

70

*Indicate whether recipient has replaced all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

☐ Yes ☒ No

If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?

70

*Indicate whether recipient has disposed of all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

☐ Yes ☒ No

If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed?

70

*Indicate whether recipient has fully complied with (or is in the process of complying with) the timeline submitted by the recipient. If not, provide explanation for deviation.

☒ Yes ☐ No

*The filer has indicated no to a question in this section, please provide additional information.

We were on schedule to have all equipment replaces, however, as stated above CPE has been had to obtain and now looks like there may be a long delay in getting CPE. If CPE is not released for purchase soon we will not meet our deadline. Please advise on a path forward.

Certifications

*By checking the box and providing the electronic signature where indicated below, the Certifying Official on behalf of the filer certifies under penalty of perjury that:

☒ (1) The Certifying Official is authorized to submit this status report on behalf of the above-named filer and, based on information known to me or provided to me by employees responsible for the information being submitted, the information set forth in this status report has been examined and is true, accurate, and complete, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. The Certifying Official acknowledges that any false, fictitious, or fraudulent information or statement, or the omission of any material fact on this status report or on any other document submitted by the filer may subject the filer and the undersigned to punishment by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b), 1606), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001, §§ 286-287, and § 1343), or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729-3733, and §§ 3801-3812). (2) The filer is in compliance with the statute, rules, and orders governing the Reimbursement Program, including but not limited to allocations, draw downs, payments, obligations and expenditures of money, and the Certifying Official acknowledges that failure to be in compliance and remain in compliance with those statutes, rules, and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. The Certifying Official acknowledges that the filer will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and will file all required documentation for its expenses. The Certifying Official acknowledges that failure to comply with the statute, rules, and orders governing the Reimbursement Program could result in civil or criminal prosecution by law enforcement authorities.

Certifier Information

Certifier Signature	Christopher Hair	Certifier Phone	8035331660
Certifier Name	Christopher Hair	Certifier Email	chair@ntinet.com
Certifier Title	VP		
Date Signed	2025-03-24		